V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5306

Registrar's No. 837

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 HOURS (Specify whether
In this community 16 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON U

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 5122 BROOKLYN AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MR. HOWARD, E. RUSSELL

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-05-7173

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife DOLLY MAY RUSSELL

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased MARCH (Month) 5 (Day) 1890 (Year)

8. AGE: Years 54 | Months 11 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace GRAVITY (City, town, or county) IOWA (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business BERKOWITZ ENVELOPE COMPANY

FATHER
12. Name UNKNOWN RUSSELL
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. DOLLY MAY RUSSELL

(b) Address 5122 BROOKLYN AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 22 1945 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-20-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 18th year 1945 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from ___, 19 45, to 2-18, 19 45; that I last saw him alive on 2-18, 19 45; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 hrs
Coronary Sclerosis	5-6 yrs
Due to	
Due to 94 W	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary Occlusion Sclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Noel B Leitzer (M. D. or other) MD

Address 924 Prof Bldg. Date signed 2-19-45

(Licensed Embalmer's Statement on Reverse Side)

1109 Professional Bldg.
12:30-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.